

PTO/SB/17 (12-04v2)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618). <b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete if Known</b> Application Number 10/568008 Filing Date February 10, 2006 First Named Inventor Wilhelm Többen Examiner Name Not Yet Assigned Art Unit N/A Attorney Docket No. 14069-00002-US	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$) 130.00			

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MAR 13 2006

<b>METHOD OF PAYMENT (check all that apply)</b> <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 03-2775 Deposit Account Name: Connolly Bove Lodge & Hutz LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____ - 20 = _____	x _____	= _____				

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____ - 3 = _____	x _____	= _____	

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____ - 100 = _____	/50	(round up to a whole number) x _____	= _____	
				<u>Fees Paid (\$)</u>

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1051 Surcharge-Late filing fee

130.00

SUBMITTED BY		Registration No.	Telephone
Signature	<i>Ashley I. Pezzner</i>	35,646	(302) 658-9141
Name (Print/Type)	Ashley I. Pezzner	Date	March 13, 2006

**FAX TRANSMISSION****RECEIVED  
CENTRAL FAX CENTER****MAR 13 2006****DATE:** March 13, 2006**PTO IDENTIFIER:** Application Number 10/568008

Patent Number

**Inventor:** Wilhelm Többen et al.**MESSAGE TO:** **MS PCT** - US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** CONNOLLY BOVE LODGE & HUTZ LLP

Ashley I. Pezzner

**PHONE:** (302) 658-9141**Attorney Dkt. #:** 14069-00002-US**PAGES (Including Cover Sheet):** 6**CONTENTS:**

Fee Transmittal (1 page)  
Transmittal Of Combined Declaration And Power Of Attorney (1 page)  
Combined Declaration And Power Of Attorney (2 pages)  
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Application No. (if known): 10/568008

Attorney Docket No.: 14069-00002-US

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NO. 0568 P. 4/6

Application No.: 10/568008

Docket No.: 14069-00002-US

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Wilhelm Többen et al.

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CENTRAL FAX CENTER**

Application No.: 10/568008

Group Art Unit: N/A

**MAR 13 2006**

Filed: February 10, 2006

Examiner: Not Yet Assigned

For: MULTI-LAYERED, COEXTRUDED,  
BIAXIALLY STRETCHED FIBRE-  
IMPROVED SEAMLESS TUBE COVERING  
AND USE THEREOF AS A FOOD COVERING

**TRANSMITTAL OF COMBINED DECLARATION AND POWER OF ATTORNEY**

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Dear Sir:

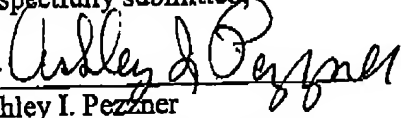
Applicant submits herewith the executed Combined Declaration And Power Of Attorney.

Applicant has not received a Notification Of Missing Requirements.

Please charge our Deposit Account No. 03-2775 in the amount of \$130.00 covering the required fees. The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 03-2775, under Order No. 14069-00002-US.

Dated: March 13, 2006

Respectfully submitted,

By   
Ashley I. Pezner

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